



COURT REPORTERS BOARD OF CALIFORNIA
 2535 Capitol Oaks Drive, Suite 230
 Sacramento, CA 95833
 Phone (916) 263-3660 / fax (916) 263-3664



STUDENT COMPLAINT FORM

Please PRINT or TYPE

Date

PERSON FILING COMPLAINT

NAME _____ TELEPHONE # _____
 ADDRESS _____ Home (____) _____
 CITY _____ STATE _____ ZIP _____ Business (____) _____
 E-Mail _____ FAX (____) _____

COMPLAINT FILED AGAINST

SCHOOL ADMINISTRATOR _____ TELEPHONE # (____) _____
 NAME OF SCHOOL _____
 SCHOOL'S ADDRESS _____
 CITY _____ STATE _____ ZIP _____

DETAILS OF YOUR COMPLAINT (WHO, WHAT, WHERE, WHY, HOW; INCLUDE COPY OF RELEVANT DOCUMENTS; LIST OF WITNESSES AND THEIR TELEPHONE NUMBERS; USE REVERSE SIDE IF NECESSARY):

In order to fully investigate your complaint, the Board may need to divulge your name to the school and/or administrator. Reprisals by the school or administrator will not be tolerated. Should you experience any perceived reprisals, please contact the Board office at once. In addition, if your complaint does not fall within our jurisdiction, it will be forwarded to the appropriate agency for investigation.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE STATEMENTS ARE CORRECT. IF CALLED UPON, I WILL ASSIST THE INVESTIGATION OR IN THE PROSECUTION OF THE RESPONDENT AND WILL, IF NECESSARY SWEAR TO A COMPLAINT, ATTEND HEARINGS, AND TESTIFY TO THE FACT.

Your Signature

Today's Date